

When using this form, please contact Employee Services.
(If outside of normal business hours, please contact
Employee Services when possible).



Drug Free Workplace

Lake County Board of County Commissioners

Reasonable Suspicion Drug Testing

Lake County
Office of Employee Services
P.O.Box 7800
315 W. Main St.
Tavares, FL 32778-7800
Tele (352) 343-9596
Fax (352) 343-9883

Designated Specimen Collection Site

Testing Date: _____

Expected Arrival Time: _____

Location: Express Care
2020 Nightingale Lane
Tavares, FL. 32778
Phone: (352) 742-1500

The following employee will proceed to the designated specimen collection site within forty-five (45) minutes of this notification.

Employee will be required to present their County I.D. or Driver's License to the Drug Screen Coordinator along with this notification form.

Employee Name: _____

Department: _____

Job Title (CDL required): _____

Employee will submit to a drug and/or alcohol test for reasonable suspicion of drug and/or alcohol use/abuse.

☐ **Drug** ☐ **Alcohol**

Drug Screen Coordinator Section

Have the Drug Screen Coordinator (or designee) complete the next section.

Arrival Time: _____ Print Name: _____

Departure Time: _____ Signature: _____

After reporting to testing facility for screening, employee shall present this completed notification to their supervisor, who will forward the form to the Office of Employee Services.